FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Singleton, Philip, Jerald, ,							
	(b) Address (number and street) 55 Hazelridge Ln	☐ Check if address changed				Candidate's FEC Identification Number H8GA03044		
	(c) City, State, and ZIP Code					3. Is This New Amende	d	
	Sharpsburg		GA	3027	7	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Sough	t		6. State & Distr	rict of Candidate	_	
	INDEPENDENT	House			GA	03		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full) PHILIP SINGLETON FOR CONGRESS								
	(b) Address (number and street) 4046 HWY 154 SUITE 112							
	(c) City, State, and ZIP Code						—	
	NEWNAN				GA	30265		
	5.5					001414177770		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)								
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.								
	NOTE: This designation should be filed with the principal campaign committee.							
(a) Name of Committee (in full)								
	(b) Address (sumble a sad street)							
	(b) Address (number and street)							
(c) City, State, and ZIP Code								
	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	and belief it is true, correct and complete.		
Si	gnature of Candidate					Date	-	
	ngleton, Philip, Jerald, ,					07/24/2017		
	•			[Elec	tronically Filed]	07/24/2017		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F2A Transaction ID:

no additional information requested.

Form/Schedule: Transaction ID: